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CHAPTER 6

Dreaming into being: community psychoanalysis and war

Gordon Lawrence's Social Dreaming Matrix suggests that our dreams are communal, rather than personal. Arising from the social unconscious and belonging to the community, dreams can offer guidance, healing, and problem solving for a community of dreamers. I had such a dream. It included many symbols, some incomprehensible to me, yet the dream revealed a pathway for communal healing. The dream inspired the co-creation of the International Institute for Trauma Studies (IITS), an online immersive trauma training and certification program for graduate students and clinicians in war time Ukraine. IITS is a scalable contemporary psychoanalytic group approach to communal trauma for the treatment and prevention of war related depression, anxiety, post-traumatic stress disorder, and transgenerational trauma. This is a story of "Dreaming into Being": ordinary citizens working together to create the extraordinary, an international training center and outpatient clinic for Ukrainian families, children and combatants. The chapter cites scholarly contributors in the current resurgence of community psychoanalysis and thinkers in social and phenomenological psychoanalysis.

INTRODUCTION

Contemporary psychoanalyst Jessica Benjamin (2018) writes about the *moral third*—the necessity to recognize, witness, and acknowledge the enormity of suffering in our world, including our own. My training in the radical ethics of Buddhism and contemporary psychoanalysis reminds me not to turn away from suffering, leaving the sufferer feeling invisible, unrecognized, and alone. Psychoanalytic activists have a mandate to engage, to not allow themselves to escape into silence nor to be satisfied with the thought that the violent catastrophe of war, armed conflict, or climate change is unfolding elsewhere. Most of us "tune out" the news, or mute the channel, when a difficult story requires us to consider suffering. Others sustain interest for a day or two, but, if the reality extends beyond the news cycle, the story is forgotten. The attention span of a nation relies on media mercurial by intent. We create enemy images, dehumanize the "other," and proceed as if only one side should survive. When humanitarian aid is denied or sabotaged, a child's survival depends on what side of the conflict the parents are seen to be. Trivialization across political, national, ethnic, racial, religious, and gender differences is at an all-time high.

In the last two decades, the international community has faced massive earthquakes in the Indian Ocean, Japan, and Türkiye with unprecedented death tolls; a tsunami in which over 240,000 people died overnight; a nuclear disaster at Fukushima, Japan; and deep global financial crises across many nations. Lebanon endured a port explosion amid a destabilizing financial crisis and political upheaval. We have witnessed endless refugee crises, as rivers of people have fled across borders and toward hope from scores of countries and continue. We have endured a global pandemic that killed well over 7,000,000 people over four years. Climate change bears down upon us with rising sea levels, extreme weather, and continued disruption from increasingly massive migrations.

We witnessed the horror of the Hamas terrorist attack on Israel on October 7, 2023, and Israel's brutal disproportionate response. Netanyahu vowed "to inflict an unprecedented price" and has done so. Rising geopolitical tensions, especially in Eastern Europe and the Middle East, impact food and energy production, moving toward inflation and lowered global growth, and potential global financial crisis (Gill & Kose, 2024). For China, an economic

slowdown, surging financial stress, and trade fragmentation makes for strange bedfellows. Since 2014, Russia has continued its unprovoked assault against Ukraine. Military engagement near the Zaporizhzhia nuclear power plant continues to loom. Putin threatens more dire consequences, including tactical nuclear missile attacks directed toward North Atlantic Treaty Organization (NATO) member nations supporting Ukraine. The newly elected American President, in a glib and monarchist fashion, has declared Gaza his new luxury hotel real estate, rewritten the actual history of Russia's war on Ukraine without the Ukrainian President at the negotiating table, and thus threatened a felt sense security for long forged alliances in Europe amid scathing outcry. Domestically the same American president has launched an unprecedented assault against the US Constitution, the Rule of Law, and Democracy itself. We live in dangerously uncertain times.

For the psychoanalytic activist, the work of communal trauma, communal healing, and the hope for peace requires the willingness to "turn toward," to witness and recognize the suffering of the "other," and to engage in group processes that open the possibility of compassion, altruism, and dialogue. For many years, I had the honor of collaborating with the International Association for Group Psychotherapy to help contain the fear of uncertainty, navigate disaster outreach, and address the trauma of war.

Toward a social psychoanalysis: compassion and altruism

Before you know kindness as the deepest thing inside,
You must know sorrow as the other deepest thing.
You must wake up with sorrow.
You must speak to it till your voice catches the thread of all sorrows
and you see the size of the cloth

Palestinian-American poet, Naomi Shihab Nye

The social turn in psychoanalysis suggests that the transformation of personal, or communal trauma can only be possible if we go beyond our inquiry into intra-psychic, relational conflict and developmental trauma to include the multigenerational, historical, socio-political, racial, cultural, class, and gender contexts in which we are all situated (Layton, 2020). We exist in a fragile, suffering, and beautiful world. We touch moments of kindness and sorrow, triumph and

defeat. We share laughter and tears within our nested and intersecting worlds of relationship and community. To heal, we need to strengthen the capacity to bear witness, to name the suffering of the "other", as well as our own.

Psychoanalyst Donna Orange joins philosopher Emmanuel Lévinas in a radical stance towards ethics. Orange (2011) describes our responsibility towards each other as a phenomenological, intersubjective and precognitive sensibility that we all have towards each other. This responsibility requires that we not allow ourselves to be bystanders to the "suffering other"–neither in the treatment room nor the larger community. Socially engaged Buddhism teaches that life is filled with suffering and there are pathways to alleviate suffering: the practices of mindful awareness, moral ethics, and compassion. The path goes beyond individual liberation toward an enduring altruistic responsibility to make use of whatever awareness or knowledge achieved for the alleviation of all suffering. No one is free until we are all free.

Buddhist monastic training extends the progressive practice of compassion from loved ones to difficult others, to strangers, our enemies, wider communities, our larger world, and all living beings, mandating a pivot toward the suffering of the "other." It is a move beyond tribal or nationalist identities, toward increasing larger circles of interconnection and community to which we are responsible.

The parable of the Good Samaritan (Luke 10:25-37) introduced a philosophical shift in Western culture, a revolutionary attitude about the spiritual and moral duty of the "bystander." The parable itself, attributed to Jesus, is likely reflective of the exchange of culture, philosophies, and trade along the ancient Silk Road at that time. Linking the Roman Empire with China, it stretched from Egypt to Jerusalem, through Syria, Türkiye, Arabia, and Central Asia to China. Buddhist monks, Zoroastrian priests, mendicants, Chinese silk dealers, Arab perfume merchants, and Jewish men rendered landless due to Rome's draconian taxation were "travelers." All embarked upon the Silk Road–exchanging spice, gold, jewels, perfume, silk, along with religious philosophies, contemplative practices, and ethical frames. As the flow of exchange went eastward, Hammurabi's code, "an eye for an eye, and a tooth for a tooth", met the Buddhist moral code: life and suffering are interconnected; practice compassion.

In ancient times, the Samaritans, a tribe reviled for their mixed racial heritage and pagan roots, were neighbors to the Jewish people. In this parable, a Jewish man is robbed, mortally wounded, and left on the roadside. Two bystanders

pass by, leaving him to die. A Samaritan, moved by compassion, stops and tends to the man, places him on his donkey, then pays an innkeeper to shelter and care for his wounds. The Samaritan's compassion reflects a radical moral ethic privileging the "transcendent function," paving the way for a "moral third." The instruction of "Love thy neighbor" requires that, as bystanders, we do not turn away.

In the book *Conversations with Elie Wiesel*, the Romanian-born American writer, professor, activist, Nobel laureate, and Holocaust survivor speaks to the moral responsibility of citizens, communities, and governments. When asked the age-old question, "Am I my brother's keeper?", Weisel answers definitively, "Yes… we are all our 'brother's keepers.' We are charged with the mandate to think beyond ourselves to others, to our communities and our larger global community" (Weisel & Heffner, 2001).

Wiesel writes: "A century ago, by the time the news of a war reached another place, the war was over. Now people die and the pictures of their dying are offered to you and to me while we are having dinner. Since I know, how can I not transform that knowledge into responsibility?" (Wiesel & Heffner, 2001).

Weisel speaks of witnessing, testimony, and memory as a form of redemption and healing. Sándor Ferenczi, in his work with combat trauma, envisioned the analyst as a "benevolent and useful witness" helping to bring awareness to fragmented self-states in a "cure" of love, committed engagement, connection and "going beyond" as opposed to Freud's stance of therapeutic neutrality (*apud* Aron & Harris, 1993). For the suffering patient, the analyst's neutrality may feel like the distant reach of another bystander (Mucci, 2017).

How might the radical ethics of Lévinas, Orange, Buddha, or Jesus inform our responses in the work of healing trauma in an increasingly dehumanizing world?

Weisel's question remains, "*How can we transform that knowledge into responsibility?*".

When we resist being bystanders, we may become "psychoanalytic activists." Then we take training steps outside of the "treatment room" to larger circles of community. We might volunteer on humanitarian projects, get involved with legislative issues, or speak out against human-rights abuses. We might begin to have new and different kinds of dreams, less personal, and more communal, implicitly linked to the unconscious communication of shared communal trauma with other dreamers, even strangers.

Carl Jung (1959) in his concept of the collective unconscious explains why similar themes and archetypal symbols emerge across cultures and represent a transcendent function. The British psychoanalyst and sociologist Gordon Lawrence (2007) emphasized the social aspect of dreams after studying the work of Charlotte Beradt, a journalist who had gathered dreams of Jewish community members during the Third Reich in Germany. In her book, *The Third Reich of Dreams,* Beradt pieced together salient themes to which the dreamers could not give voice, but which predicted the horror of the Holocaust to come (*apud* Bulkeley, 1994) Building upon indigenous shamanic cultures, Lawrence's social dreaming theory suggests dreams do not belong to the individual, but to the community, intended to heal and solve the problems and suffering a community faces. Dreams reflect implicit communication within nested circles of community, around salient themes such as communal trauma for which we may only have imagistic representation. When shared in community, the emergent themes begin to speak.

Shared trauma: the symmetrical loss of absolutisms

An implicit holding environment rests in a nonverbal and non-formulated default setting, a maternal amniotic order that becomes the ground upon which we "go on being" (Bollas, 2023). Winnicott writes: "*In health, the mind does not usurp the environment's function*" (*apud* Bollas, 2023)

To "go on being" from infancy onward and to become "real", we need to be able to count on a baseline of absolutisms inherent in everyday life, not having to constantly respond to a lightning-fast unpredictable environment but rather to be able to go on conducting our lives within a reliable symbolic order (Boulanger, 2017).

> It is in the essence of emotional trauma that it shatters these absolutisms, a catastrophic loss of innocence that permanently alters one's sense of being-in-the-world. Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence in a universe that is random and unpredictable and in which no safety or continuity of being can be assured. Trauma thereby exposes the unbearable embeddedness of being (Stolorow & Atwood, 1992).

War shatters our assumptions of safety and continuity. For a community under siege, the personal and professional lives of clinicians and patients intersect in what we call *shared trauma*–a symmetrical loss of absolutisms across internal and external experiences of trauma. The grandmother, the child, and the child psychiatrist under missile attack seek refuge in the same bomb shelter. Trauma is no longer isolated to a single incident or the deficits of the caretaking surround within an individual's psychodynamic history; the surround includes the entire community, ethnic group, or nation in which the psychotherapist is also a member. As the military psychologist is listening to a soldier's narrate his story, she realizes her son was killed in the same battle he is describing. Patients and therapists both share knowledge of the suffering to which the community is exposed.

In shared trauma, the normal assumptive treatment paradigm of asymmetrical engagement shifts because the phenomenological context has changed (Aron, 1996). The patient is not only trying to process a traumatic memory in his/her/their history, but a communal trauma by which an entire nation is impacted. In Ukraine, everyone has been touched by terror and grief. All have lost someone whether friend, family, or loved one. There is a visible growing number of widows and amputees in every city or village. In shared trauma, the risk of mutual dissociation between the therapist and patient or group members is always present.

Many trauma-informed therapists in the United States of America, including myself, gently redirect individual patients, or group members, away from sharing graphic details but instead focus on affect, in a conscious effort to prevent re-traumatization that paralyses the capacity to reflect, think symbolically, or mentalize (Bateman et al., 2023) The failure to mentalize impacts clinicians, patients, and groups alike. In shared trauma, following a specific traumatic experience, clinicians may find it more difficult to adapt a stance of "analytic listening," and may be more vulnerable to feeling "de-skilled," left with a precarious hold on the psychic space necessary to mentalize their patient's internal experiences as distinct from their own (Mucci, 2017).

When I am training in wounded communities, first I help clinicians find their own capacity for calm, reliable self-regulation and relational connection. We regulate and are regulated by each other.

When parents can remain calm in adversity, it supports their children's vulnerable nervous systems. Similarly, when therapists can return to their calm and remain reliably emotionally regulated, their individual patients and group members can benefit from *co-regulation*. Calm creates calm, then reflection, mentalization, and healing become possible. With calm relational connection as a foundation, clinicians can begin to build a sense of "relational home" to help hold and integrate the trauma in their communities.

"Although the possibility of emotional trauma is ever-present, so too is the possibility of forming bonds of deep emotional attunement within which devastating emotional pain can be held, rendered more tolerable, and, hopefully, eventually integrated" (Stolorow, 2007).

Psychotherapist Linda Floyd describes treating people in her community in the aftermath of Hurricane Katrina. "I was beginning to hear in a visceral way, the intersection between the 'stories' I was hearing and the story I was living" (Boulanger, 2013). And yet, if given access to the right training and support instead of increasing the risk for burn-out, shared trauma can help strengthen a clinical community's capacity to provide a profound framework for intersubjective recognition, mutuality, and analytic listening in the therapeutic alliance.

The war on civilians: the vulnerability of women and children

> "*War is not good for children and other living things*" (anti-war protest, 1967).

> "*At the start of the 20th century, the number of military deaths in war far exceeded the number of civilian deaths. In contrast, today's wars kill far more civilians than military personnel, largely because military forces often target civilians, like the current war in Ukraine*" (Nelson, 2022).

War is a public health emergency (Goto et al., 2022). While much study has been conducted on post-traumatic stress disorder (PTSD) for military personnel, inquiry into the prevalence of mental health impacts on civilians, or the training of clinicians in war time, has been largely neglected. The most significant mental health outcomes for civilians who remain in a war zone

are PTSD, depression, substance abuse, and suicide. Heightened substance abuse reflects the challenge of self-regulation in environments of heightened uncertainty and arousal.

When soldiers are on the frontlines, all suffer the pain and angst of family separation, displacement, and social disintegration. Women, children, and displaced persons are significantly more at risk for developing mental health disturbances during and in the aftermath of war. Women are extremely vulnerable to higher rates of PTSD and its symptoms–emotional and physiological dysregulation (Levy, 2022). Women who care for children in heightened states impact the arousal levels of children who depend upon their caretaking-surround for emotional regulation.

Losing a husband, a son, or a father, while also experiencing the loss and destruction of home and homeland–literally and symbolically–, can rock the soul of even the strongest. The trauma of war can reawaken at any life stage and create severe long-term adverse outcomes for children. The emotional legacy of the violence of war casts a long shadow for women and children, even onto the next generation.

All wars disrupt access to treatment. Civilians in war zones suffer from the catastrophic injuries related to undischarged ordinance, landmines, and missile attacks. In the first few months of the war in Ukraine, Russian missiles attacked medical centers, neurology departments, and children's hospitals. There was very little infrastructure in which to train clinicians or to treat the medical and psychological wounds of war.

Yet, according to research from the World Health Organization, armed conflict can ironically provide a nation with unwavering motivation to create sustainable improvements to their mental health delivery systems (apud Levy, 2022) In Ukraine, psychoanalytic activists and social dreamers are fighting back, not just on the frontlines, but by building new infrastructure to address the horror and heartbreak of war, cultivating resilience and hope.

It began with a dream

"*A thought, an idea unclaimed, may be floating around the room searching for a home*" (Bion, 1980)

Russia's invasion of Crimea in 2014 marked the beginning of the Russo-Ukrainian war. Since, Ukraine has needed funding and international support for its mental health system to help address the traumatic devastation of war. In 2022, the prelude to Russia's second invasion, I secured translation for *Contemplative-Based Trauma and Resiliency Training*, a crisis intervention group protocol for wounded communities (Logan & Tollison, 2016). The translation arrived in my inbox from the United States of America State Department the day before Putin invaded. I felt a door opening, a purpose beckoning.

The psychological and spiritual burden of the war was falling upon the shoulders of Ukrainian graduate students and clinicians and would do so for decades to come. Just like Ukraine's brave soldiers, Ukrainian clinicians are also on the frontlines. Together with Caner Bingöl and the International Association for Group Psychotherapy, I organized a trauma training for Ukrainian clinicians. For a year, we worked closely with Ukrainian psychologists and graduate students to help strengthen resilience, emotional regulation, theoretical knowledge, and clinical capacity. The training had a strong impact on the clinical community and, by extension, their patients. The war thundered into its second year. Peace was nowhere in sight. The nation had rallied beyond all expectations, but the war's heavy toll on combatants and the ongoing assault on civilians were unimaginable.

Our monthly lecture series was effective in creating a sense of online community, a Stolorowian "relational home," but it was not enough for a nation under siege. A more sustainable long-term commitment was and remains necessary to support the growing mental health needs of the nation: to insure against clinician burn-out, the long-term consequences of PTSD, depression, and multigenerational trauma. Ukrainian clinicians needed additional training to work with widows, families, children, and the demobilized. Military psychologists needed more training in combat trauma to work with combatants, amputees, and military families. We would need to include psychedelic-assisted psychotherapy as a legal treatment option for PTSD. Due to the scale of the trauma, we would need to prioritize training in group therapy over individual treatment. And most importantly, the project would need to belong to Ukraine. We needed a new dream and to bring that dream into being. Our final workshop, *Social Dreaming and Communal Trauma* was led by Dr. George Bermudez. I shared a recent and incomprehensible dream.

I did not know then how to listen beyond the personal, to the collective. Yet, perhaps the dream had reflected my listening.

Thomas Ogden (1997) teaches that reverie is interpretation. Forget what you think you know about dreams. Allow for an abundance of associations. I will share "our" dream: *I was in New York City, at the Natural History Museum. There was a very large book resembling a Gutenberg Bible, laid open on the floor, pages made of parchment and papyrus. I kneeled beside the sacred object attempting to lift it. Galit Atlas, an Israeli colleague who had presented her work on multi-generational trauma in our lecture series, stood next to me smiling. She held it up for me. On the left page there were ancient symbols of healing and vivid images of war. Clockwise from bottom left–a labyrinth sigil, above it the staff of Aesculapius, top right is a video of Ukrainian soldiers running toward a hellish firefight in the night. At the bottom of the left page there were the simple words in large font, "Do not underestimate the ordinary". The remaining pages of the book on the right were blank, as if the story had yet to be written.*

The images create a kind of transcendent poetry for me–a liminal space between communal trauma and communal healing. The labyrinth, one of the oldest archetypal symbols, was an image both known and unknown to me. A single serpent climbs onto the staff of Aesculapius. Confused by the Caduceus, I knew nothing of the Greek God of Medicine. The soldiers are fighting on the front lines. The ordinary is not to be underestimated. A story was yet to be written.

Wilfred Bion (1967) wrote that thoughts circulate in search of a thinker, and Gordon Lawrence (2005) suggested that dreams look for a dreamer. In the next two weeks, new thoughts were finding a home in me. I was no longer consciously thinking about the dream, but other things. What if we could build a sustainable trauma institute in an existing PhD program in Ukraine? I proposed the idea to my translator, Dr. Olha Serha, key faculty, the dean and the rector of the State Pedagogical University in Vinnytsia, Ukraine. To my astonishment, the proposal was accepted. Together with my new faculty, we accomplished a herculean launch in six weeks with the full support of the Ukrainian Director of Education, the Governor of Vinnytsia, and the office of Madame Zelenska. The International Institute for Trauma Studies (IITS) began its first semester.

Dreaming into being

IITS sits at the intersection of contemporary psychoanalysis, neuroscience, and traumatology to provide expert training for Ukrainian graduate students and clinicians. The curriculum focuses on communal trauma, combat trauma, and psychedelic-assisted psychotherapy for treatment-resistant PTSD and depression. The training emphasizes the practice of group therapy, the gold standard in trauma treatment, an effective strategy for addressing the enormous scope of communal trauma.

Now two years into the project, we have surpassed our initial target goals. Our American, European, and Ukrainian faculty developed and taught an expert curriculum, providing English/Ukrainian translation across six core coursesand a monthly lecture series for graduate students, psychologists, psychoanalysts, group analysts and psychiatrists:

- Grief-work and Modern Analytic Group Psychotherapy;
- Working with Parents and Children;
- Clinical Group Supervision;
- Contemplative-based Trauma and Resilience Group Training; (open enrollment)
- Combat Trauma; (open enrollment)
- Core Principles in Group Psychotherapy.

Two classes and the monthly lecture series are open to the wider Ukrainian clinical community, which includes military and school psychologists. In our first two years, over 3,700 Ukrainian graduate students and clinicians have registered for IITS courses and lectures, empowering them to serve their nation in ways they would otherwise have been unable.

IITS is developing expanded community access to reach veterans, military families, parents, children, and orphans by partnering with existing organizations such as The Association of Psychologists and Psychoanalysts of Ukraine, The All Ukraine Mental Health Program and Medicines Sans Frontiers. IITS faculty have opened a practicum clinic at the University offering free, online, and in-person group and individual counseling, while providing clinical supervision to support our graduates in more skillfully treating and preventing the long-term devastating impacts from the visible and invisible wounds of this war.

Last year, the Association for Psychologists and Psychoanalysts of Ukraine invited me to give a plenary for their annual meeting on the anniversary of Russia's invasion. The conference theme was "Thoughts and Dreams," based on the 1899 poem by Lesya Ukrainka, political/feminist activist and one of Ukrainian literature's foremost writers. Deeply honored, I quickly submitted the title, "Dreaming into Being: Community Psychoanalysis in Ukraine." It wasn't until Taras requested the abstract that I remembered the dream and finally realized its meaning. We had brought a collective dream into being.

By working and dreaming together, ordinary citizens created the extraordinary: community psychoanalysis in war time. As psychoanalytic activists and social dreamers, we shared a radical ethic in response to the suffering of the other; we refused to be bystanders, to turn away, go numb, or be silenced. We are our brothers' keepers. We are writing the pages of this story together. As Elie Wiesel asked, "How can we not transform this knowledge into responsibility?" (Weisel & Heffner, 2001). By creating a psychoanalytic group approach to communal trauma in war time, we take on the question. In Weisel's words, we transform knowledge into responsibility.

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